


1 PLACE OF BIRTH (COUNTY) <u>South Boro</u> (CITY OR TOWN)				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(CITY OR TOWN MAKING THIS RETURN)	
NO. _____				STREET _____		WARD _____	
2 FULL NAME OF CHILD <u>John Francis Welcome</u>							
3 Sex <u>male</u>	4 <u>If plural Births</u>	(a) Twin, triplet or other.....		5 Born ALIVE or STILLBORN	6 Date of Birth <u>August 20</u>	<u>1896</u>	
		(b) Number, in order of birth.....			(MONTH)	(DAY)	(YEAR)
7 FATHER FULL NAME <u>Oliver Welcome</u>				13 MOTHER MAIDEN NAME <u>Virginia Hebra</u> PRESENT NAME <u>Mrs. Oliver Welcome</u>			
8 RESIDENCE, NO. <u>Anger Jordan Bank</u> (AT TIME BIRTH OCCURRED) CITY OR TOWN <u>South Boro</u> STATE <u>Mass</u>				14 RESIDENCE, NO. _____ (AT TIME BIRTH OCCURRED) CITY OR TOWN <u>South Boro</u> STATE <u>Mass</u>			
9 COLOR OR RACE <u>White</u>		10 AGE AT LAST BIRTHDAY _____ (YEARS)		15 COLOR OR RACE <u>White</u>		16 AGE AT LAST BIRTHDAY _____ (YEARS)	
11 PLACE OF BIRTH <u>Anger Jordan Bank</u> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <u>Laprairie, Canada</u> (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION <u>Shoemaker</u>				18 OCCUPATION _____			
19 Attendant at birth or informant (If there was no physician or attendant, draw line through "attendant at birth or") Address No. _____ St. _____ (City or town)							
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth (Month) (Day) (Year)							
21 Deponent Name <u>Anthony J. Guter</u> City or town <u>Amherst</u> <u>Widow of Francis Welcome</u>				22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13. Attest: _____ REGISTRAR (City or town)			



MARGIN RESERVED FOR BINDING

....An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. . . . Extract from Gen. Laws, Chap. 46, Sec. 13.

*Canada*  
*Province of Quebec* **AFFIDAVIT**

THE COMMONWEALTH OF MASSACHUSETTS }

COUNTY OF *Nottingham* } ss.:

*Antoine* *Queta Mercere*  
being duly sworn, deposes and says that he resides at *St. Eusebe, Que.*

that deponent has knowledge of the birth of *Folia Francis Welcome*  
named on the reverse side of this blank that he is the person who made out the reverse side of this  
blank, mailed or delivered on *18th November 1934* to the office of the *Notary Public*  
(City or town clerk or registrar)

of the *City* of *St. Eusebe, Que. Can.* The Commonwealth of Massachusetts.  
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows: *He has been in England but not alone*  
*not remember where*

The evidence submitted to substantiate the affidavit was:  
*I mean that this man was born at Southboro Mass. I have known him since he was a child.*  
(Signed) *Antoine Queta Mercere*

Sworn to and subscribed before me,  
this *18th* day of *November*, 19*34*.  
*Notary Public*  
(City or town clerk, assistant clerk, or registrar)

NOTICE


Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, and by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS AFFIDAVIT TO THE SECRETARY OF THE COMMONWEALTH AT ONCE UPON RETURN TO THE



1 PLACE OF BIRTH (COUNTY) _____ (CITY OR TOWN) _____				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS <b>DELAYED CERTIFICATE OF BIRTH</b>		(CITY OR TOWN MAKING THIS RETURN) Registered No. _____ Deposition No. _____	
NO. _____		STREET _____		WARD _____		(If birth occurred in a hospital or institution give its NAME instead of street and number)	
2 FULL NAME OF CHILD <i>Grace Fereda Walkup</i>							
3 Sex <i>F</i>	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN <i>Alive</i>	6 Date of Birth	<i>March 21, 1874</i>	(MONTH)	(DAY) (YEAR)
3a Color <i>W</i>	(b) Number, in order of birth						
7 FATHER FULL NAME <i>George Edwin Walkup</i>				13 MOTHER MAIDEN NAME <i>Harriett A Richards</i> PRESENT NAME <i>Harriett A Walkup</i>			
8 RESIDENCE, NO. _____ STREET _____ (AT TIME BIRTH OCCURRED) CITY OR TOWN <i>Framingham</i> STATE <i>Mass</i>				14 RESIDENCE, NO. _____ STREET _____ (AT TIME BIRTH OCCURRED) CITY OR TOWN <i>Southboro</i> STATE <i>Mass</i>			
9 COLOR OR RACE <i>White</i>	10 AGE AT LAST BIRTHDAY <i>81</i> (YEARS)			15 COLOR OR RACE <i>White</i>	16 AGE AT LAST BIRTHDAY <i>84</i> (YEARS)		
11 PLACE OF BIRTH <i>Framingham</i> <i>Mass</i> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <i>Southboro</i> <i>Mass</i> (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION <i>Shoe maker</i>				18 OCCUPATION <i>Housewife</i>			
19 Attendant at birth or informant <i>Physician</i> (If there was no physician or attendant, draw line through "attendant at birth or") Address No. _____, _____ City or town _____				(Name) _____ (Physician, parent, or other) City or town _____			
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth				<i>July 27 - 1939</i> (Month) (Day) (Year)			
21 Deponent Name <i>Eva E Richards</i> City or town <i>Southboro</i> Relation to child <i>Aunt</i>				22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13. Attest: <i>C I Sawlins</i> REGISTRAR <i>Southboro</i> (City or town)			
SEE REVERSE SIDE FOR AFFIDAVIT							



# MARGIN RESERVED FOR BINDING

....An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. . . Extract from Gen. Laws, Chap. 46, Sec. 13.

## AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }  
COUNTY OF Essex } ss.:

Eva Richards  
being duly sworn, deposes and says that she resides at Street  
South Lee Mass  
that deponent has knowledge of the birth of Grace Jereda Walkup  
named on the reverse side of this blank, that she is the person who made out the reverse side of this  
blank, mailed or delivered on 19 , to the office of the Town Clerk  
(City or town clerk or registrar)

of the Town of South Lee The Commonwealth of Massachusetts.  
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows: Negligence

The evidence submitted to substantiate the affidavit was:

I am a near neighbor of the mother and to my  
personal knowledge the birth occurred on the date given  
(Signed) Ms Ellen Eva Richards

Sworn to and subscribed before me,  
this 27<sup>th</sup> day of July, 1929  
C. H. Sanborn  
(City or town clerk, assistant clerk, or registrar)

## NOTICE

Expense of affidavit should be borne by the individual making this return.

### INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, and by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE  
SECRETARY OF THE COMMONWEALTH AT ONCE



WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

25M.(e)-1-44-13634

1	PLACE OF BIRTH	Worcester (COUNTY)	The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(CITY OR TOWN MAKING THIS RETURN)
		Southborough (CITY OR TOWN)	DELAYED RETURN OF BIRTH		Registered No. .... Deposition No. ....
NO. "Deerfoot Farm,"		STREET		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD		FRANCIS LOWELL BURNETT			
3 Sex	M	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth
3a Color	W		(b) Number, in order of birth	alive	January 31, 1878 (MONTH) (DAY) (YEAR)
7 FULL NAME	FATHER		13 MOTHER		
Edward Burnett			Mabel Lowell		
8 RESIDENCE, NO.	residence of "Deerfoot Farm"		14 RESIDENCE, NO. residence of "Deerfoot Farm"		
(AT TIME BIRTH OCCURRED)	STREET		(AT TIME BIRTH OCCURRED)		
CITY OR TOWN	Southborough,	STATE	Mass.	CITY OR TOWN	Southborough, STATE Mass.
9 COLOR OR RACE	White	10 AGE AT TIME OF BIRTH	30 (YEARS)	15 white	16 AGE AT TIME OF BIRTH
				Color American	31 (YEARS)
11 PLACE OF BIRTH	Southborough,	Mass.	17 PLACE OF BIRTH	Cambridge,	Mass.
(CITY OR TOWN)	(STATE OR COUNTRY)		(CITY OR TOWN)	(STATE OR COUNTRY)	
12 OCCUPATION	Farmer & Dairyman (AT TIME OF BIRTH)		18 OCCUPATION		
			Wife & Mother. (AT TIME OF BIRTH)		
19 Attendant at birth or informant	Dr. Robinson,		physician		
(If there was no physician or attendant, draw line through "attendant at birth or")	(NAME)		(PHYSICIAN, PARENT, OR OTHER)		
Address No.	Main St.,		St. Southborough, Mass. (CITY OR TOWN)		
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth	August		2		1878
	(MONTH)		(DAY)		(YEAR)
21 Deponent Name	City or town	Relation to child	22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13.		
Esther Gardner		Aunt	Attest: Frances E. Raben		
6 Arlington St.,			(REGISTRAR)		
Boston, Mass.			SOUTHBOROUGH (CITY OR TOWN)		



... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. . . Extract from Gen. Laws, Chap. 46, Sec. 13.

## AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }  
COUNTY OF ..... } ss.:

Esther Gardner

being duly sworn, deposes and says that she resides at 6 Arlington St., Boston, Mass.

that deponent has knowledge of the birth of Francis Lowell Burnett  
named on the reverse side of this blank.

Further, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was the date recorded in bible of family by mother.

(Deponents Signature)

Esther Gardner

Sworn to and subscribed before me,

this 7<sup>th</sup> day of July, 1953

Phyllis S. Worcester

(City or town clerk, assistant clerk, or registrar)

Notary Public

NOTICE

Expense of affidavit should be borne by the individual making this return.

## INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at or near the time of birth by a person charged with making the return in the first instance, such as a Bible, or family record or a church record made within 40 days after birth, or if not available the first school record.
5. The affidavit should be made by the attending physician, father, mother, or if not available by some person old enough at the time to recall the event sought to be recorded, having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the same name that was given at the time.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. It should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE  
SECRETARY OF THE COMMONWEALTH AT ONCE



# St. Mark's Church

Southborough, Massachusetts

June 22, 1950

Mr. John J. Rabeni  
Town Clerk  
Southborough, Mass.

Dear Mr. Rabeni:

This is to certify that Francis Lowell  
Burnett was baptized at St. Mark's Church, Southborough,  
by the Rev. J. I. T. Coolidge.

Date of baptism: March 20, 1878

Date of birth: January 7, 1878

Place of birth: Southborough, Massachusetts

Very truly yours,

*Harry Eugene Goll*  
Harry Eugene Goll  
Rector



St. Mark's Church  
Southborough, Massachusetts

June 22, 1880

Mr. John L. Babcock  
Town Clerk  
Southborough, Mass.

Dear Mr. Babcock:

This is to certify that Francis Lowell

was born at St. Mark's Church, Southborough,

by the Rev. A. T. Coolidge.

Date of baptism: March 20, 1878

Date of birth: January 7, 1878

Place of birth: Southborough, Massachusetts

Very truly yours,

Harry Eugene Holt  
Rector



WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

N. B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

20-m-12-'35. No. 615613

1 PLACE OF BIRTH Worcester (COUNTY) Southborough (CITY OR TOWN)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS DELAYED CERTIFICATE OF BIRTH		Southborough (CITY OR TOWN MAKING THIS RETURN)	
NO.		STREET		WARD	
2 FULL NAME OF CHILD Ethel Zilla Harris					
3 Sex <input checked="" type="checkbox"/>	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date of Birth	
3a Color		(b) Number, in order of birth		November 9 - 1879	
				(MONTH)	(DAY) (YEAR)
7 FATHER			13 MOTHER		
FULL NAME John T. Harris			MAIDEN NAME		
			PRESENT NAME		
			Ethel Z. Harris		
8 RESIDENCE, NO. Main			14 RESIDENCE, NO.		
(AT TIME BIRTH OCCURRED) STREET			(AT TIME BIRTH OCCURRED) STREET		
CITY OR TOWN Southborough STATE Mass			CITY OR TOWN Southborough STATE		
9 COLOR OR RACE Wh	10 AGE AT LAST BIRTHDAY	(YEARS)	15 COLOR OR RACE Wh	16 AGE AT LAST BIRTHDAY	(YEARS)
11 PLACE OF BIRTH Portland Maine			17 PLACE OF BIRTH So. Weymouth Maine		
(CITY OR TOWN) (STATE OR COUNTRY)			(CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION Carpenter			18 OCCUPATION		
19 Attendant at birth or informant			Ethel Z. Harris		
(If there was no physician or attendant, draw line through "attendant at birth or")			(Name)		
Address No. 4 Clifford St.			St. Southborough Mass		
			(City or town)		
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth					
December 28 1879					
(Month) (Day) (Year)					
21 Deponent			22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 1B.		
Name City or town Relation to child			Attest:		
Ethel Z. Harris Mother			Ethel Z. Harris		
			Southborough		
			(City or town)		
SEE REVERSE SIDE FOR AFFIDAVIT					

REGISTRAR



MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case ... or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth ... not previously recorded. . . EXTRACT FROM GEN. LAWS, CHAP. 46, SEC. 13.

# AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }  
COUNTY OF Worcester } ss.:

being duly sworn, deposes and says that she resides at

Clifford Street

Southborough

that deponent has knowledge of the birth of Ethel Zella Harris

named on the reverse side of this blank, that she is the person who furnished the facts on the reverse side of this blank, mailed or delivered on December 27 1938 to the office of the Town Clerk  
of Southborough (City or town clerk or registrar)

of the Town of Southborough The Commonwealth of Massachusetts.  
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows: did not understand that return was required

The evidence submitted to substantiate the affidavit was:

I was present at time of the birth and know of my own personal knowledge

(Signed) Ethel Zella Harris

Sworn to and subscribed before me,

this 28<sup>th</sup> day of December, 1938

Charles J. Fawcett

(City or town clerk, assistant clerk, or registrar)

## NOTICE

Expense of affidavit should be borne by the individual making this return.

### INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance, or a church, Bible, or family record.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, or by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE  
SECRETARY OF THE COMMONWEALTH AT ONCE



1 PLACE OF BIRTH COUNTY <u>Berkshire</u> CITY OR TOWN <u>Southboro</u>		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS <b>DELAYED</b> <b>CERTIFICATE OF BIRTH</b>		Registered No. .... Deposition No. ....	
NO. <u>Brewer Farm</u> STREET <u>WARD</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME OF CHILD <u>James Burton Gates</u>					
3 Sex <u>M</u> 4 <u>1</u> (a) Twin, triplet or other .....		5 Born ALIVE or STILLBORN .....		6 Date <u>Nov. 2, 1880</u> of Birth (MONTH) (DAY) (YEAR)	
3a Color <u>wh</u> If plural Births (b) Number, in order of birth .....					
7 FATHER FULL NAME <u>James Carter Gates</u>			13 MOTHER MAIDEN NAME <u>Hannah Logan</u> PRESENT NAME <u>Hannah Gates</u>		
8 RESIDENCE, No. <u>Brewer Farm</u> STREET <u>Southboro</u> STATE <u>Mass.</u> (AT TIME BIRTH OCCURRED) CITY OR TOWN STATE			14 RESIDENCE, No. <u>Brewer Farm</u> STREET <u>Southboro</u> STATE <u>Mass.</u> (AT TIME BIRTH OCCURRED) CITY OR TOWN STATE		
9 COLOR OR RACE <u>wh</u>		10 AGE AT LAST BIRTHDAY <u>25</u> (YEARS)		15 COLOR OR RACE <u>wh</u>	
11 PLACE OF BIRTH <u>Leominster, Mass.</u> (CITY OR TOWN) (STATE OR COUNTRY)		16 AGE AT LAST BIRTHDAY <u>27</u> (YEARS)		17 PLACE OF BIRTH <u>St. John, N.B.</u> (CITY OR TOWN) (STATE OR COUNTRY)	
12 OCCUPATION <u>Teamster</u>			18 OCCUPATION <u>Housewife</u>		
19 Attendant at birth or informant <u>not known</u> (If there was no physician or attendant, draw line through "attendant at birth or") Address No. .... St. .... (City or town)					
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth (Month) (Day) (Year)					
21 Deponent Name <u>James C. Gates</u> City or town <u>Southboro, Mass.</u> Relation to child <u>father</u>			22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13. Attest: <u>Charles H. Fairbank</u> REGISTRAR <u>Southboro</u> (City or town)		



MARGIN RESERVED FOR BINDING

An affidavit containing the facts required for record, if made by a person required by law to furnish the information for original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. . . . Extract from Gen. Laws, Chap. 46, Sec. 13.

# AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }  
COUNTY OF Norfolk } ss.:

James C. Gates  
being duly sworn, deposes and says that he resides at 139 Grant St.  
Needham, Mass.  
that deponent has knowledge of the birth of James Burton Gates  
named on the reverse side of this blank, that he is the person who made out the reverse side of this  
blank, mailed or delivered on February 23, 1939 to the office of the Clerk  
(City or town clerk or registrar)

of the town of Needham The Commonwealth of Massachusetts.  
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows:

Neglect of Physician  
The evidence submitted to substantiate the affidavit was:  
Record of Birth in Family Bible

Sworn to and subscribed before me,  
this 23rd day of February, 19 39  
James C. Gates  
(City or town clerk, assistant clerk, or registrar)

## NOTICE


Expense of affidavit should be borne by the individual making this return.

### INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

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3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, and by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE  
SECRETARY OF THE COMMONWEALTH AT ONCE



1 PLACE OF BIRTH COUNTY <u>Worcester</u> CITY OR TOWN <u>Southborough</u>				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS <b>DELAYED          CERTIFICATE OF BIRTH</b>		(CITY OR TOWN MAKING THIS RETURN) Registered No. _____ Deposition No. _____	
NO. _____		STREET _____		WARD _____		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD <u>Charles Wallace Howard</u>							
3 Sex <u>M</u>	4 If plural Births _____	(a) Twin, triplet or other _____	5 Born ALIVE or STILLBORN <u>Alive</u>	6 Date of Birth <u>January 11 - 1881</u>			
3a Color <u>Wh</u>	(b) Number, in order of birth <u>9</u>						
7 FATHER FULL NAME <u>Isaac Howard</u>				13 MOTHER MAIDEN NAME <u>Ellen Matilda Belcher</u> PRESENT NAME <u>Ellen Matilda Howard</u>			
8 RESIDENCE, NO. <u>Southborough Mass</u> (AT TIME BIRTH OCCURRED) CITY OR TOWN _____ STATE _____				14 RESIDENCE, NO. _____ (AT TIME BIRTH OCCURRED) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>			
9 COLOR OR RACE <u>White</u>	10 AGE AT LAST BIRTHDAY <u>54</u> (YEARS)		15 COLOR OR RACE <u>white</u>		16 AGE AT LAST BIRTHDAY <u>40</u> (YEARS)		
11 PLACE OF BIRTH <u>Beniston, England</u> (CITY OR TOWN) _____ (STATE OR COUNTRY) _____				17 PLACE OF BIRTH <u>Chelsea Mass.</u> (CITY OR TOWN) _____ (STATE OR COUNTRY) _____			
12 OCCUPATION <u>Farmer</u>				18 OCCUPATION <u>Housewife</u>			
19 Attendant at birth or informant (If there was no physician or attendant, draw line through "attendant at birth or") Address No. _____ St. _____ (City or town) _____							
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth <u>June 25 1940</u> (Month) _____ (Day) _____ (Year) _____							
21 Deponent Name <u>Cora B. Newton</u> City or town <u>Southborough</u> Relation to child <u>Sister</u>				22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13. Attest: <u>Cora B. Fairbanks</u> <u>Southborough</u> (City or town) _____			
SEE REVERSE SIDE FOR AFFIDAVIT							

REGISTRAR



MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case ... or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth ... not previously recorded. . . EXTRACT FROM GEN. LAWS, CHAP. 46, SEC. 13.

**AFFIDAVIT**

THE COMMONWEALTH OF MASSACHUSETTS }  
COUNTY OF Worcester } ss.:

being duly sworn, deposes and says that she resides at Cora J. Newton  
Main Street Southborough  
Mass

that deponent has knowledge of the birth of Charles Wallace Howard  
named on the reverse side of this blank, that he is the person who furnished the facts on the reverse side of  
this blank, mailed or delivered on June 25 1940 to the office of the Town Clerk  
(City or town clerk or registrar)

of the Town of Southborough The Commonwealth of Massachusetts.  
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by  
law was as follows: Neglect of parents

The written evidence submitted to substantiate the affidavit was:  
Copy of record of birth taken from the family Bible, and  
my own knowledge and memory  
(Signed) Cora J. Newton

Sworn to and subscribed before me,  
this 25<sup>th</sup> day of June, 1940  
Chas J. Sanborn  
(City or town clerk, assistant clerk, or registrar)

**NOTICE**


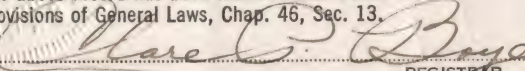
Expense of affidavit should be borne by the individual making this return.

**INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH**

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance, or a church, Bible, or family record.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, or by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

**CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE  
SECRETARY OF THE COMMONWEALTH AT ONCE**



1 PLACE OF BIRTH 1. <b>Worcester</b> (COUNTY) <b>Fayville</b> (CITY OR TOWN)		 The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS <b>DELAYED          CERTIFICATE OF BIRTH</b>		<b>Fayville</b> (CITY OR TOWN MAKING THIS RETURN) Registered No. .... Deposition No. ....	
1 NO. <b>Newton House</b>		STREET .....		WARD { (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD <b>Nathan Jason Hazzard</b>					
3 Sex <b>M.</b>	4 { (a) Twin, triplet or other	5 Born <b>ALIVE</b> or STILLBORN	6 Date	February 18th, 1881	
3a Color <b>W.</b>	If plural Births { (b) Number, in order of birth	<b>Alive</b>	of Birth	(MONTH) (DAY) (YEAR)	
7 FATHER FULL NAME <b>Edward W. Hazzard</b>			13 MOTHER MAIDEN NAME <b>Nancy Ramson</b> PRESENT NAME <b>Nancy R. Hazzard</b>		
8 RESIDENCE, NO. <b>Newton House</b> (AT TIME BIRTH OCCURRED) CITY OR TOWN <b>Fayville,</b> STATE <b>Mass.</b>			14 RESIDENCE, NO. <b>Newton House</b> (AT TIME BIRTH OCCURRED) CITY OR TOWN <b>Fayville,</b> STATE <b>Mass.</b>		
9 COLOR OR RACE <b>Colored</b>	10 AGE AT LAST BIRTHDAY <b>32</b> (YEARS)	15 COLOR OR RACE <b>Colored</b>	16 AGE AT LAST BIRTHDAY <b>22</b> (YEARS)		
11 PLACE OF BIRTH <b>Brimfield, Mass.</b> (CITY OR TOWN) (STATE OR COUNTRY)			17 PLACE OF BIRTH <b>Gloucester, R.I.</b> (CITY OR TOWN) (STATE OR COUNTRY)		
12 OCCUPATION <b>Shoe-worker</b>			18 OCCUPATION <b>Housewife</b>		
19 Attendant at birth or informant <b>Mid-wife</b> (If there was no physician or attendant, draw line through "attendant at birth or") (Name) (Physician, parent, or other) Address No. <b>Name &amp; Address cannot be learned.</b> (City or town)					
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth <b>September 28th, 1937</b> (Month) (Day) (Year)					
21 Deponent Name <b>Edward W. Hazzard</b> City or town <b>(father)</b> <b>155 Main St., Southbridge, Mass.</b> SEE REVERSE SIDE FOR AFFIDAVIT			22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13. Attest:  REGISTRAR <b>Town Clerk of Southbridge</b> (City or town)		



MARGIN RESERVED FOR BINDING

....An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. . . . Extract from Gen. Laws, Chap. 46, Sec. 13.

**AFFIDAVIT**

THE COMMONWEALTH OF MASSACHUSETTS }  
COUNTY OF Worcester } SS.:

Edward W. Hazzard

being duly sworn, deposes and says that he resides at 155 Main St.,

Southbridge, Mass.

that deponent has knowledge of the birth of Nathan J. Hazzard

named on the reverse side of this blank, that he is the person who made out the reverse side of this blank, made or delivered on September 28th 1937 to the office of the Town Clerk  
(City or town clerk or registrar)

of the Town of Southbridge The Commonwealth of Massachusetts.  
(City or town) (Name of city or town)

\* Further, That the reason for not making the return of the birth within the interval prescribed by law was as follows: Birth was not reported. Cannot state why.

Mr. Edward Hazzard thought it had been. (No physician)

\* The evidence submitted to substantiate the affidavit was:

A Family Bible.

(Signed) Edward W. Hazzard

Sworn to and subscribed before me,  
this 28th day of September, 1937

NOTICE

Expense of affidavit should be borne by the individual making this return.

**INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH**

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at the time by a person charged with making the return in the first instance.
5. The affidavit should be made by the attending physician, father, mother, or by some person old enough at the time to recall the event sought to be recorded, and by some person having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the name that would have been given at the time, had the birth been recorded.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. In setting forth the reasons why the return was not made within the interval prescribed by law, it should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

**CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE SECRETARY OF THE COMMONWEALTH AT ONCE**

*Recd Oct. 1-1937*



OFFICE OF TOWN CLERK  
TOWN OF SOUTHBRIDGE



ALBERT O. BOYER

OFFICE HOURS  
9 A. M. TO 12 - 1 TO 5 P.  
EVENINGS  
THURSDAYS 7 TO 9  
SATURDAYS 7 TO 8

SOUTHBRIDGE, MASS.

September 28th, 1937

Mr. Charles Fairbanks,  
Town Clerk,  
Southborough, Mass.

Dear Mr. Fairbanks:

No doubt you recall a Mr. Nathan J. Hazzard writing you for a certified copy of his birth. Unfortunately he was unable to procure such a copy because his birth was never recorded.

I have filled out the necessary blank "Delayed Certificate of Birth" and I'm attaching it to this letter. Will you be so kind as to review it and record it? If there are any questions please don't hesitate to write. When you have this recorded do you suppose Mr. Hazzard could have a certified copy from your office? If you'll send it to this office I will see that your fee is remitted.

An early reply will be appreciated.

Very truly yours,

*Albert O. Boyer*  
Town Clerk.

enc.1





1 PLACE OF BIRTH  
 (County) Worcester  
 (City or Town) Sattelo  
 NO. .... STREET ..... WARD { (If birth occurred in a hospital or institution,  
 give its NAME instead of street and number)



The Commonwealth of Massachusetts  
 OFFICE OF THE SECRETARY  
 DIVISION OF VITAL STATISTICS  
 DELAYED  
 CERTIFICATE OF BIRTH

110  
 (City or Town making this return)  
 Registered No. ....  
 Deposition No. ....

2 FULL NAME OF CHILD. Leon Percy House

3 Sex male 4 (a) Twin, triplet or other ..... 5 Born ALIVE or STILLBORN alive 6 Date Mar 8 1883  
 3a Color ..... If plural Births (b) Number, in order of birth ..... of Birth (Month) (Day) (Year)

7 FATHER  
 FULL NAME George Gilbert House

13 MOTHER  
 MAIDEN NAME Annie Marie Smith  
 PRESENT NAME .....

8 RESIDENCE, NO. .... STREET .....  
 (At time birth occurred)  
 CITY OR TOWN Sattelo STATE Mass

14 RESIDENCE, NO. .... STREET .....  
 (At time birth occurred)  
 CITY OR TOWN Sattelo STATE Mass

9 COLOR OR RACE white 10 AGE AT TIME OF BIRTH 41 (YEARS)

15 COLOR OR RACE white 16 AGE AT TIME OF BIRTH 39 (YEARS)

11 PLACE OF BIRTH West Medway Mass  
 (City or Town) (State or Country)

17 PLACE OF BIRTH North Attleboro Mass  
 (City or Town) (State or Country)

12 OCCUPATION blue worker  
 (At time of birth)

18 OCCUPATION Housewife  
 (At time of birth)

19 ATTENDANT AT BIRTH OR INFORMANT Dr Robinson  
 (If there was no physician or attendant, draw line through "attendant at birth or") (Name) (Physician, ~~midwife or other~~)

ADDRESS NO. .... ST. ....  
 (City or Town)

20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth June 22 1913  
 (Month) (Day) (Year)

21 Deponent Name Anna A House City or Town Westboro Mass Relation to Child elder sister

22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13.  
 ATTEST: Charles L. Fairbanks  
 (Registrar)

reverse side for Affidavit

(City or Town)







*The Commonwealth of Massachusetts*  
*Office of the Secretary*  
*Division of Vital Statistics*

*Kevin H. White*  
*Secretary of the Commonwealth*

FROM THE DESK OF  
EDWARD C. KLOZA

*April 1, 1964*

*Dear Mrs. Burke:*

*Enclosed is a copy  
of the House record  
about which you called  
this afternoon.*

*Very truly yours,*

*Edward C. Kloza*  
*Secy.*





WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

25M-(b)-11-42 10746

1	PLACE OF BIRTH	Worcester (COUNTY)		The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS		(CITY OR TOWN MAKING THIS RETURN)	
		Southborough (CITY OR TOWN)		<b>DELAYED</b> <b>CERTIFICATE OF BIRTH</b>		Registered No. .... Deposition No. ....	
NO.		STREET		WARD		{ (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2 FULL NAME OF CHILD <u>Ida Mary Liberty</u>							
3 Sex <u>F.</u>		4 { (a) Twin, triplet or other If plural Births		5 Born ALIVE or STILLBORN <u>Alive</u>		6 Date <u>July 11, 1885</u> (MONTH) (DAY) (YEAR)	
3a Color		(b) Number, in order of birth					
7 FATHER FULL NAME <u>Francis Liberty</u>				13 MOTHER MAIDEN NAME <u>Mary Lavelly</u> PRESENT NAME <u>Mary Liberty</u>			
8 RESIDENCE, NO. <u>Southville Road</u> STREET (AT TIME BIRTH OCCURRED) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>				14 RESIDENCE, NO. <u>Southville Road</u> STREET (AT TIME BIRTH OCCURRED) CITY OR TOWN <u>Southborough</u> STATE <u>Mass.</u>			
9 COLOR OR RACE <u>White</u>		10 AGE AT TIME OF BIRTH <u>33</u> (YEARS)		15 COLOR OR RACE <u>White</u>		16 AGE AT TIME OF BIRTH <u>33</u> (YEARS)	
11 PLACE OF BIRTH <u>Canada</u> (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH <u>Canada</u> (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION <u>Teamster</u> (AT TIME OF BIRTH)				18 OCCUPATION <u>Housewife</u> (AT TIME OF BIRTH)			
19 Attendant at birth or informant. <input checked="" type="checkbox"/> (If there was no physician or attendant, draw line through "attendant at birth or") Address No. <u>Woodbury Road</u>				(NAME) (PHYSICIAN, PARENT, OR OTHER) <u>Southborough, Mass.</u> (CITY OR TOWN)			
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth				November 1 1952 (MONTH) (DAY) (YEAR)			
21 Deponent Name		City or town		Relation to child		22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13. Attest: <u>John J. Guberni</u> (REGISTRAR) <u>Southborough, Mass</u> (CITY OR TOWN)	

SEE REVERSE SIDE FOR AFFIDAVIT

MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . not previously recorded. . . Extract from Gen. Laws, Chap. 46, Sec. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }  
COUNTY OF Worcester } ss.:

Emma L. Day

being duly sworn, deposes and says that she resides at Woodbury Road  
Southborough, Mass.

that deponent has knowledge of the birth of Ida Mary Liberty  
named on the reverse side of this blank.

Further, The evidence in a writing made at or near the time of birth submitted to substantiate the  
affidavit was

Certificate of Baptism

(Deponents Signature)

Emma L. Day

Sworn to and subscribed before me,

this 27th day of October, 1952

John J. Rabeni

(City or town clerk, assistant clerk, or registrar)

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at or near the time of birth by a person charged with making the return in the first instance, such as a Bible, or family record or a church record made within 40 days after birth, or if not available the first school record.
5. The affidavit should be made by the attending physician, father, mother, or if not available by some person old enough at the time to recall the event sought to be recorded, having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the same name that was given at the time.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. It should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE  
SECRETARY OF THE COMMONWEALTH AT ONCE



# Certificate of Baptism



Church of

St. Luke  
Westboro, Mass.

--- This is to Certify ---

That Ida Mary Liberty  
Son } of Francis Liberty  
Daughter }  
and Mary Lavelly  
born in Cordaville, Mass.  
on the 11th day of July, 1885

was Baptized

on the 26th day of July, 1886

according to the Rite of the Roman Catholic Church  
by the Rev. J. J. Burke

the Sponsors being Peter White  
and Mary White

as appears from the Baptismal Register of this Church

Dated Feb. 16, 1951

Rev. John J. Bakken

Handwritten text, likely a title or header, appearing as a faint, curved line across the top of the page.

Main body of handwritten text, consisting of several lines of cursive script that are mostly illegible due to fading and blurring.





# Commonwealth of Massachusetts.

UNITED STATES OF AMERICA.

## Certificate of Birth

FROM THE RECORDS OF BIRTHS IN THE TOWN OF Southborough  
MASSACHUSETTS, U. S. A.

1. Date of Birth - - - -	<u>March 11 - 1886</u>
2. Full Name of Child - -	<u>Ruth Begelem Macker</u>
3. Sex, Color and if Twin	<u>Female</u> <u>White</u>
4. Place of Birth - - - -	<u>Southborough</u>
5. Residence of Parents -	<u>Southborough</u>
6. Name of Father - - - -	<u>Arthur E Macker</u>
7. Occupation of Father -	<u>Shoemaker</u>
8. Birthplace of Father -	<u>Grafton</u> <u>Mass</u>
9. Maiden Name of Mother	<u>Mary F Doyle</u>
10. Birthplace of Mother -	<u>Rock bottom</u> <u>Mass</u>
11. Date of Record	

I, Amelia L Fairbanks depose and say  
that I hold the office of Town Clerk of the Town of Southborough  
County of Worcester and Commonwealth of Massachusetts; that the  
records of Births, Marriages and Deaths required by law to be kept in said Town are in my custody, and  
that the above is a true extract from the records of Births in said Town, as certified by me.

WITNESS my hand and the seal of said Town, on the twelfth  
day of March 1980

Amelia L Fairbanks

Town Clerk.

1881 - 1882

1882 - 1883

1883 - 1884

1884 - 1885

1885 - 1886

1886 - 1887

1887 - 1888

1888 - 1889

1889 - 1890

1890 - 1891

1891 - 1892


1892 - 1893



WRITE PLAINLY, WITH UNFADING BLACK INK - THIS IS A PERMANENT RECORD

N.B. This form is not necessary in the return of births received prior to the last day for transmittal of annual returns to this office.

25M-(b)-11-42 10746

1 PLACE OF BIRTH Worcester (COUNTY) Southborough (CITY OR TOWN) Central NO. STREET WARD				The Commonwealth of Massachusetts OFFICE OF THE SECRETARY DIVISION OF VITAL STATISTICS <b>DELAYED</b> <b>CERTIFICATE OF BIRTH</b>		(CITY OR TOWN MAKING THIS RETURN) Registered No. _____ Deposition No. 188	
2 FULL NAME OF CHILD Florence Lillian Jones							
3 Sex F	4 If plural Births	(a) Twin, triplet or other	5 Born ALIVE or STILLBORN	6 Date	8 1889		
3a Color W		(b) Number, in order of birth	ALIVE	of Birth Feb.	8	(DAY) (YEAR)	
7 FATHER FULL NAME Harry Hobart Jones				13 MOTHER MAIDEN NAME Emily E. Cloyes PRESENT NAME Emily E. Jones			
8 RESIDENCE, NO. Central CITY OR TOWN Southboro STATE Mass				14 RESIDENCE, NO. Central CITY OR TOWN Southborough STATE Mass			
9 COLOR OR RACE white		10 AGE AT TIME OF BIRTH 39 (YEARS)		15 COLOR OR RACE white		16 AGE AT TIME OF BIRTH (YEARS)	
11 PLACE OF BIRTH Southborough Mass. (CITY OR TOWN) (STATE OR COUNTRY)				17 PLACE OF BIRTH Framingham Mass. (CITY OR TOWN) (STATE OR COUNTRY)			
12 OCCUPATION <del>Boston</del> Meat Provision Store (AT TIME OF BIRTH)				18 OCCUPATION at home (AT TIME OF BIRTH)			
19 Attendant at birth or informant Dr. E. S. Hoyt (If there was no physician or attendant, draw line through 'attendant at birth or') Address No. _____				St. Waltham Mass. (CITY OR TOWN)			
20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth September 18 1946 (MONTH) (DAY) (YEAR)							
21 Deponent Name Walter E Collins		City or town Southboro		Relation to child Friend		22 The above record has been made in accordance with the provisions of General Laws, Chap. 46, Sec. 13.	
				Attest: Frances E. Robson Asst Clerk (REGISTRAR) Southborough (CITY OR TOWN)			

SEE REVERSE SIDE FOR AFFIDAVIT



MARGIN RESERVED FOR BINDING

... An affidavit containing the facts required for record, if made by a person required by law to furnish the information for the original record, or, at the discretion of the town clerk, by credible persons having knowledge of the case . . . or a certified copy of the record of any other town or of a written statement made at the time by any person since deceased required by law to furnish evidence thereof, may, in the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. . . Extract from Gen. Laws, Chap. 46, Sec. 13.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }  
COUNTY OF Worcester } SS.:

Walter Everett Collins  
being duly sworn, deposes and says that he resides at Central St.  
Fairville Southborough Mass  
that deponent has knowledge of the birth of Frederic Lillian Jones  
named on the reverse side of this blank.

Further, The evidence in a writing made at or near the time of birth submitted to substantiate the affidavit was

I was born in Fairville Dec. 7-1870  
and resided here until 1895  
I remember Mrs. Nichols parents and  
grand parents and they resided on Central St.  
at the time Mrs. Nichols was born in 1889  
(Deponents Signature) Walter Collins

Sworn to and subscribed before me,

this 18th day of September, 1946 Francis E. Raher  
(City or town clerk, assistant clerk, or registrar)

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

1. A record is only as good as the evidence on which it is based.
2. A record made many years after the event occurred is of doubtful value.
3. A record cannot be made by the person whose birth is sought to be recorded.
4. A delayed return should be authenticated by a writing made at or near the time of birth by a person charged with making the return in the first instance, such as a Bible, or family record or a church record made within 40 days after birth, or if not available the first school record.
5. The affidavit should be made by the attending physician, father, mother, or if not available by some person old enough at the time to recall the event sought to be recorded, having actual knowledge of the facts as they existed at the time the event occurred.
6. The name on the return should be the same name that was given at the time.
7. The name of the person as written in the affidavit must correspond in every respect to that given in the birth return.
8. It should be borne in mind that parents have been required to report births ever since the registration law has been in effect.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE  
SECRETARY OF THE COMMONWEALTH AT ONCE



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD  
N.B. If the return of a birth is not made within the interval prescribed by law, this form of a return MUST BE used and the affidavit on the reverse side must be executed

18. 5,000.

## 1 PLACE OF BIRTH

County of WorcesterThe Commonwealth of Massachusetts  
OFFICE OF THE SECRETARY  
DIVISION OF VITAL STATISTICS

## DELAYED RETURN OF A BIRTH

(To be used for returns of births not made within the interval prescribed by law.  
Affidavit on reverse side must be executed)

Registered No. ....

City or  
Town of SouthboroughNo. .... St. .... Ward  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME OF CHILD Margaret R. Harris

3 Sex of Child <u>female</u>	4 Twin, triplet, or other? <input checked="" type="checkbox"/>	4a Number in order of birth <u>1</u>	5 Born alive or still-born <u>live</u>	6 Date of birth <u>Aug 17, 1887</u> (Month) (Day) (Year)
------------------------------	--	--------------------------------------	--	---

7 FATHER  
FULL NAME James T. Harris8 MOTHER  
FULL MAIDEN NAME Ada J. Harvey9 RESIDENCE NO. .... ST. ....  
(At time the birth occurred) Southborough  
(City or Town)10 RESIDENCE NO. .... ST. ....  
(At time the birth occurred) Southborough  
(City or Town)11 COLOR W 12 AGE AT LAST BIRTHDAY 40 YEARS  
(At time the birth occurred)13 COLOR 14 AGE AT LAST BIRTHDAY 31 YEARS  
(At time the birth occurred)15 BIRTHPLACE Portland Me.  
(City or Town) (State or Country)16 BIRTHPLACE South Weymouth Mass.  
(City or Town) (State or Country)17 OCCUPATION Carpenter  
(At time the birth occurred)18 OCCUPATION At home  
(At time the birth occurred)19 Attendant at birth or informant.  
(If there was no physician or midwife attendant,  
draw line through "attendant at birth") Dr. J. H. Robinson (now deceased)  
(Name)

(Physician, Midwife, Father, or other)

Address No. ....

St. Southborough  
(City or Town)

20 Affidavit filed and addition made to city or town records and a copy of return and affidavit transmitted to the Secretary of the Commonwealth

July 22 1919  
(Month) (Day) (Year)21 Deponent  
Name Ada J. Harris City or town Southborough Relation to child Mother22 I hereby certify that the above record has been made in accordance with the provisions of Revised Laws, Chapter 29, Section 14.  
Chas H Newton  
STRAR



IF THE RETURN OF A BIRTH IS NOT MADE WITHIN THE INTERVAL PRESCRIBED BY  
LAW, THIS AFFIDAVIT MUST BE EXECUTED

# AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }  
COUNTY OF Worcester } ss.:

I then personally Ada B Harris  
being duly sworn, deposes and says that she resides at Southborough  
Mass.

that deponent has knowledge of the birth of Margaret R Harris  
named on the reverse side of this blank, that she is the person who made out the reverse side of this blank,  
~~mailed or~~ delivered on July 22 1919 to the office of the Town Clerk  
(City or town clerk or registrar)  
of the Town of Southborough The Commonwealth of Massachusetts.  
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law  
was as follows:

Supposed that the Doctor had  
made a proper return

(Signed) Ada B Harris

Sworn to and subscribed before me,

this 22 day of July, 1919

Charles H. Newton  
(City or town clerk, or assistant clerk, or registrar, notary public  
or other officer authorized to administer oaths for general purposes.)

## NOTICE

Expense of affidavit should be borne by the individual making this blank.

### INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

By following these instructions carefully, delay and expense will be avoided.

1. Write legibly with durable black ink.
2. The affidavit may be made by the attending physician, midwife, father, mother, or the householder in whose house the birth occurred, or any officer specified in Revised Laws, Chapter 29, Sections 6 and 7, or at the discretion of the city or town clerk or registrar by one or more credible persons having knowledge of the case. A citizen who did not know the parent before the date of the child's birth therefore cannot make an affidavit and the period of acquaintance with the parent must be greater than the age of the child.
3. Write all names in full throughout the return and affidavit. Have the name of the child given in full and correctly spelled; and all items called for upon the return should be stated thereon **as they were at the time of the birth.**
4. The name of the child as written in the affidavit must correspond in every respect with the name as given in the birth return.
5. The day, month, and year of birth must not be changed after once written.
6. The affidavit and return should be presented without changes or alterations or they will not be accepted.